United States Environmental Protection Agency

		OMB Approval 2070-0174 EPA FORM 6300-4									
INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.											
1. Company Name and Address QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055			2. Case # and Name 0569 - Sodium dichlor Chemical # and Name Sodium dichloroisocya	oisocyanurate dihydrate : 081407 anurate dihydrate	3. Date and Type of DCI and Number 17-Jun-2019 GENERIC ID # GDCI-081407-1769						
4. EPA Product	5. I wish to cancel this product registration voluntarily	6. Generic D	ata								
Registration		Exemption bactive ingred	ming a Generic Data ecause I obtain the dient from the source tion number listed	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	agree to requirer entitled	product is an MUP and I o satisfy the MUP ment on the attached form "Requirements Status and ant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."				
3525-104			9			N/A	N	I/A			
3525-107						N/A	9000	I/A			
3525-112						N/A	N	I/A			
3525-116						N/A	N	I/A			
3525-144						N/A	N	I/A			
Product ingredient source information may be entitled to confidential treatment											
1	1			1			ð.				
Certification: I certify t knowingly false or mislead		9. Date									
Signature and Title of Company's Authorized Representative Deblue Schaub								09/10/19			
10. Name of Company QUALCO INC.								11. Phone Number 973-473-1222			

United States Environmental Protection Agency Washington, D.C. 20460

REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

OMB Approval 2070-0174 EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary. 1. Company Name and Address 2. Case # and Name 3. Date and Type of DCI and Number 17-Jun-2019 QUALCO, INC. 0569 - Sodium dichloroisocyanurate dihydrate **GENERIC** 225 PASSAIC ST Chemical # and Name: 081407 PASSAIC, NJ 07055 Sodium dichloroisocvanurate dihydrate ID # GDCI-081407-1769 8. Time 6. Use 7. Test 9. Registrant 4. Guideline 5. Study Title **Progress** R Requirement Reports Pattern Substance Frame Response (Months) Number 0 T 0 C 0 2 3 Applicator Exposure Data Requirements (Conventional Chemical) Y R,S,T,U,V,W,X,Y,Z,CC, 24 875.1400 Dear Inhalation exposure--indoor (17, 18, 29, 30, 33) R,S,T,U,V,W,X,Y,Z,CC, TEP 12 (17, 18, 29, N 875,1700 **Product Use Information Environmental Fate Data Requirements (Conventional Chemical)** 6 12 835.1230 Sediment and soil absorption/desorption for parent and (2, 7)N R,S,T,U,V,W,X,Y,Z,CC, Degr degradates N R,S,T,U,V,W,X,Y,Z,CC, 24 Aerobic aquatic metabolism (2)Degr 835.4300 R,S,T,U,V,W,X,Y,Z,CC,6 24 Degr Anaerobic aquatic metabolism 835.4400 (2) N Nontarget Plant Protection Data Requirements (Conventional Chemical) 6 R,S,T,U,V,W,X,Y,Z,CC, 12 850.4100 Seedling Emergence and Seedling Growth (1, 28)N Degr R,S,T,U,V,W,X,Y,Z,CC,12 850.4150 Vegetative Vigor (1, 28)N Degr 10. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any 11. Date knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Deblue Schaub Signature and Title of Company's Authorized Representative 09/10/19 13. Phone Number 12. Name of Company QUALCO INC 973-473-1222

United States Environmental Protection Agency Washington, D.C. 20460

REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

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1. Company Name and Address		2. Case # and Name						Date and Type of DCI and Number				
QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055		0569 - Sodium dichloroisocyanurate dihydrate Chemical # and Name: 081407 Sodium dichloroisocyanurate dihydrate						17-Jun-2019 GENERIC ID # GDCI-081407-1769				
4. Guideline Requirement Number	5. Study Title			P Progress R Reports O T O C C O L			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response		
				1	2	3						
	Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)											
850.1055	Bivalve acute toxicity test (embryo larval	(2, 6)	N				R,S,T,U,V,W,X,Y,Z,CC,	Degr	12	6		
850.1075	Fish acute toxicity test, freshwater and marine (2, 8, 13)		N				R,S,T,U,V,W,X,Y,Z,CC,	TEP	12	6		
850.1300	Daphnid chronic toxicity test (2)		N				R,S,T,U,V,W,X,Y,Z,CC,	Degr	12	6		
850.1350	Mysid chronic toxicity test (2)		N				R,S,T,U,V,W,X,Y,Z,CC,	Degr	12	6		
850.1400	Fish early-life stage toxicity test (2, 3)		N				R,S,T,U,V,W,X,Y,Z,CC, DD	Degr	12	6		
810.2600	Disinfectants and Sanitizers for Use in V	Vater (4, 5, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,	TGAI	24	6		
835.3110	Ready biodegradability	(2, 9, 27)	N				R,S,T,U,V,W,X,Y,Z,CC,	Degr	12	6		
835.3220	Porous pot test	(2, 9, 26)	N				R,S,T,U,V,W,X,Y,Z,CC, DD	Degr	12	6		
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